

Consent for Release of Personal Records by Executive Agencies

Name of Agency: _____

To Whom It May Concern:

I have sought assistance from Congresswoman Virginia Foxx on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved with this case with Congresswoman Foxx or any authorized member of her staff until this matter is resolved.

_____	_____
Full Name - please print clearly	Date of Birth

_____	_____	_____	_____
Address	City	State	Zip

_____	_____
Phone: Home	Phone: Work

_____	_____
Social Security Number	Claim Number - if applicable

_____	_____
Signature of Claimant	Date

Please return this form to:

**Congresswoman Virginia Foxx
6000 Meadowbrook Mall, Suite 3
Clemmons, NC 27012**